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**California
Medicine**



EDITORIAL

Health Manpower and Medical Associations

MAJOR QUESTIONS to be considered by the National Advisory Commission on Health Manpower which was established by President Johnson in May of this year have been conveyed by Peter S. Bing, M.D., Executive Director of the Commission, to a wide variety of interested persons and organizations:

1. What factors will be most important to intelligently forecast public and private demands for health manpower in the coming decade?
2. What alternatives are feasible to increase the productivity of existing health personnel?
3. What should be the role of the medical consumer in determining the organization of medical services and in assessing their quality?
4. Where does the responsibility lie for meeting the demands for medical manpower during the next decade?

All of the questions involve matters in which the American Medical Association and component state medical associations, serving as representatives of the medical profession and as "physicians to the community," have keen interest.

Some of the questions bring problems into focus and give rise to conjecture about how they will be solved. A "drastic shortage of health manpower" has been recognized by the AMA Board of Trustees which has established a Committee on Health Manpower to find ways to deal with the problem.

Efforts to "increase the productivity" of health

personnel can be expected, for example, to seek ways of using triage to the better advantage of both physician and patient, and indeed of everyone involved in the care of patients. The use of computers in many clerical ways and possibly in dealing with some medical problems is an exciting new possibility. It can be conjectured further that some increases in efficiency will come from realignments in the structure of medical practice, brought about deliberately or by evolution.

Obviously there will be pressures for the organization of new medical schools, for the expansion and improvement of existing schools and for recruitment of more students of high quality, not only as candidates for the M.D. degree but also for training in the allied health professions and services. Searches for new methods of teaching also can be expected.

These are all matters of vital concern to individual practitioners and to the organizations that represent collectively the best attitudes of physicianship, for at all points the conditions of practice and the quality of medical care are involved. Some of the solutions will be concerned in the main with the economics of medicine—with money and the availability and distributions of medical care. Some will reach deep into the great spiritual traditions of medicine. In all of them the energy, the knowledge, the developed ability and the cooperation of medical organizations can be profoundly useful.

Whatever may be the changes that are found necessary to expand medical care and to improve the efficiency of providing it, we as physicians must make sure that our own interests and those of our patients are fully weighed and strongly advocated. The AMA and our California Medical Association are well grounded in just the kind of work that may be anticipated from the studies of the National Advisory Commission on Health Manpower.

Through our experienced committees of physicians and our able employees we are in a position to exercise the strong leadership that must be expected of our association in serving as "physicians to the community." As a case in point, the AMA has a strong and active Committee on Health Manpower which is looking into questions much like those posed by the National Commission. And in California the CMA is well represented in a newly formed statewide joint council of voluntary health

agencies which will be concerned with recruitment and the development and efficient use of health manpower. More, we have excellent liaison with many of the allied health professions, with medical schools and with the administrative and legislative functions of government that are likely to be involved.

It is more through foresight than fortuity that we now stand ready to carry out one of the purposes for which our organization exists.

